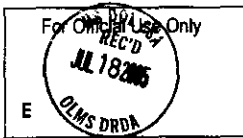


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3263</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Richard L Felber</u> P.O. Box, Bldg., Room No., if any <u>#386</u> Street <u>312 Central Ave.</u> City <u>Mpls.</u> State <u>Mn.</u> ZIP Code + 4 <u>55414</u>	4. Name, file number, and address of labor organization. Name <u>Twin Cities Plasterers' Local 265</u> Labor Organization File Number <u>265</u> <u>540276</u> P.O. Box, Building and Room Number, if any <u>#386</u> Street <u>312 Central Ave.</u> City <u>Mpls.</u> State <u>Mn.</u> ZIP Code + 4 <u>55414</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Richard Felber</u>	On <u>7/7/05</u> <u>612-379-1515</u> Date Telephone Number

Name of Person Filing	File Number U- 3263
-----------------------	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Wilson - McShane Corp.
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., If any #500
 Street 3001 Metro Drive
 City Bloomington
 State Mn. ZIP Code + 4 55425

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Plasterers & Cabinet Makers Health Fund
Mpls. Operative Plasterers Retirement Plan
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., If any #500
 Street 3001 Metro Drive
 City Bloomington
 State Mn. ZIP Code + 4 55425

11.a. Nature of such dealing.

3rd Party Administrator
Health & Welfare & Pension

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

Dollars Against Diabetes - Golf

12.b. Amount.

\$700.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
 Trade Name, if any: _____
 P.O. Box, Bldg., Room No., If any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing	File Number U- <u>3263</u>
-----------------------	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name: <u>Wilson - McShane Corp.</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: <u>#500</u></p> <p>Street: <u>3001 Metro Drive</u></p> <p>City: <u>Bloomington</u></p> <p>State: <u>Mn.</u> ZIP Code + 4: <u>55425</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
---	--

<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: <u>Plasterers & Cabinet Makers Health Fund</u> <u>Mpls. Operative Plasterers Retirement Plan</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: <u>#500</u></p> <p>Street: <u>3001 Metro Drive</u></p> <p>City: <u>Bloomington</u></p> <p>State: <u>Mn.</u> ZIP Code + 4: <u>55425</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>3rd Party Administrator</u> <u>Health & Welfare + Pension</u></p> <p>11.b. Approximate dollar value of such dealing. <u>Unknown</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>United Labor Committee - Golf</u></p> <p>12.b. Amount. <u>\$95.00</u></p>
--	--

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p> <p>14.b. Amount of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	

Name of Person Filing	File Number U- <u>3263</u>
-----------------------	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Wilson - McShane Corp.

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any #500

Street 3001 Metro Drive

City Bloomington

State Mn. ZIP Code + 4 55425

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Plasterers & Cabinetmakers Health Fund

Trade Name, if any: Mpls. Operative Plasterers Retirement Plan

P.O. Box, Bldg., Room No., if any #500

Street 3001 Metro Drive

City Bloomington

State Mn. ZIP Code + 4 55425

11.a. Nature of such dealing.

3rd Party Administrator
Health & Welfare + Pension

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

X-mas Nuts

12.b. Amount.

\$40.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐

or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing	File Number U- <u>3263</u>
-----------------------	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Plasterers & Cabinet Makers Health Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u># 500</u></p> <p>Street <u>3001 Metro Drive</u></p> <p>City <u>Bloomington</u></p> <p>State <u>Mn.</u> ZIP Code + 4 <u>55425</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <u>Trust Fund for Health & Welfare</u> </div> <p>11.b. Approximate dollar value of such dealing. <u>Unknown</u></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <u>Trustee Meetings & Lunch</u> <u>Approx 10 meetings Per Year</u> </div> <p>12.b. Amount. <u>\$200.00</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Name of Person Filing

File Number U- 3263

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Mn. Lath & Plaster BureauTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 820 Transfer Rd.City St. PaulState Mn. ZIP Code + 4 55114

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

Industry PromotionPd. to Bureau

11.b. Approximate dollar value of such dealing.

\$135,776.20

12.a. Nature of interest held or income received.

Bruce Rottle Memorial Golf

12.b. Amount.

\$100.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing

File Number U- 3263

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Mo. Lath & Plaster BureauTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 820 Trans for Rd.City St. PaulState Mo. ZIP Code + 4 55114

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

Industry Promotionpd. to Bureau

11.b. Approximate dollar value of such dealing.

\$135,776.20

12.a. Nature of interest held or income received.

X mas Party

12.b. Amount.

\$25.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

File Number U- 3263

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Mo. Lath & Plaster Bureau

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 820 Trans Per Rd.City St. PaulState Mo. ZIP Code + 4 55114

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

Industry PromotionPd. to Bureau

11.b. Approximate dollar value of such dealing.

\$135,776.20

12.a. Nature of interest held or income received.

Monthly Meetings (Box Lunch
Aprix 12 meetings

12.b. Amount.

\$84.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

File Number U- 3263

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name McGrann, Shea, AndersonTrade Name, if any: P.O. Box, Bldg., Room No., if any 2600Street 800 Nicolet MallCity Mpls.State Mn. ZIP Code + 4 55402

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Plasterers & Cabinetmakers Health FundTrade Name, if any: P.O. Box, Bldg., Room No., if any #500Street 3001 Metro DriveCity BloomingtonState Mn. ZIP Code + 4 55425

11.a. Nature of such dealing.

Trust Fund Attorney

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

Trustee Meeting + Dinner

12.b. Amount.

\$75.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing	File Number U- <u>3263</u>
-----------------------	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>American Funds</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>#150</u></p> <p>Street <u>5200 Willson Rd.</u></p> <p>City <u>Edina</u></p> <p>State <u>Mn.</u> ZIP Code + 4 <u>55424</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Mpls. Operative Plumbers Retirement Plan</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>#500</u></p> <p>Street <u>3001 Metro Drive</u></p> <p>City <u>Bloomington</u></p> <p>State <u>Mn.</u> ZIP Code + 4 <u>55425</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Fund Manager</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <u>Unknown</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Shareholder Lunch</u></p> <hr/> <p>12.b. Amount. <u>\$25.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

File Number U-3263

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

860.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.b. Is the Business an Employer or Consultant ?

Name of Person Filing

File Number U-

3263

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Mpls. Labor Temple Association

Trade Name, if any:

P.O. Box, Bldg., Room No., if any # 556Street 312 Central Ave.City Mpls.State Mn.ZIP Code + 4 55414

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Property Management

11.b. Approximate dollar value of such dealing.

unknown

12.a. Nature of interest held or income received.

Meetings

12.b. Amount.

\$300.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing

File Number U-

3263

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

Dave Roe B. Day Party

13.b. Is the Business an Employer



or Consultant



?

14.b. Amount of payment.

\$20.00

Name of Person Filing	File Number U- <u>3263</u>
-----------------------	----------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Sieben, Grose, Carey LTD

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 800 Marquette Ave.

City Mpls.

State Mn. ZIP Code + 4 55402

14.a. Nature of payment.

X-mas Party

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$ 60.00